



Initials: JMS/CSK/man

Docket No.: 2682.1014-004

Date: /0/17/0/

This is to acknowledge receipt of the following documents each filed under Certificate of Mailing Procedure 37 C.F.R. 1.8:

x INFORMATION DISCLOSURE STA x Form PTO-1449 pp 1 Check for \$	x with references as noted in 1449
Authorization to Charge all Fees Other	010
Applicant(s): Robert H. Halstead et al.	Filed: 1/12/01 200, 200, 200, 200, 200, 200, 200, 20
Date received by the PTO:	MAIN

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JUN 2 9 2004

Technology Center 2100

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

olicant:

une 21, 2004

Robert H. Halstead, Jr., David A. Kranz,

Christopher J. Terman, and Stephen A. Ward

Application No.:

09/760,031

Group:

2124

Filed:

January 12, 2001

Examiner: Kang, Insun

Confirmation No.: 1846

For:

SYSTEM AND METHOD SUPPORTING PROPERTY VALUES AS OPTIONS

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent

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Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Technology Center 2100

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and [ ] 1.27 is enclosed.

The fee has been calculated as shown below:

**MINUS** 

**MINUS** 

FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

(COL. 1) **CLAIMS** 

REMAINING

**AFTER** 

**AMENDMENT** 

25

5

(COL. 2)

HIGHEST NO.

**PREVIOUSLY** 

PAID FOR

25

5

(COL. 3)

PRESENT

**EXTRA** 

0

0

LIVWS	ENTITY
SWIALL	LINILI

SMALL ENTITY					
RATE		ADDIT. FEE	<u>OR</u>		
x	\$ 9	\$			
X	\$43	\$			
+	\$145	\$			

OTHER THAN SMALL ENTITY

R	ATE	ADDIT. FEE
x	\$18	\$
х	\$86	\$
+	\$290	\$

not fewer than 20

not fewer than 3

TOTAL

INDEP

TOTAL ≈

TOTAL =

Please charg	ge Deposit Account No	o. 08-0380 for the following fees:			
[ ]	Petition for [ ] month Extension of Time		\$		
[ ]	Amendment Fee			\$	
[ ]	Other Fees:				
			,	\$	
				\$	
			TOTAL:	\$	0
A check is e	enclosed in payment of	f the following fees:			
[X]	Petition for two mon	th Extension of Time		<b>\$</b> _	420
[]	Amendment Fee			\$	
[]	Other Fees:				
				\$	
•				\$_	
			TOTAL:	\$_	420
for an	y fees required under	ereby granted to charge Deposit A 37 C.F.R. 1.16 and 1.17 in order to this authorization is enclosed for a Respectfully submitted,  HAMILTON, BROOK, SMITH	maintain poccounting p	enden urpos	es.
		By Mary Lou Wakimura Registration No.: 31,804 Telephone (978) 341-0036 Facsimile (978) 341-0136	· · · · · · · · · · · · · · · · · · ·		

Concord, Massachusetts 01742-9133 Dated: 6/12/14